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|---|--|---|--|
| Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2> | | Complete if Known Application Number 10/577,135 Filing Date 04/25/2006 First Named Inventor MATSUMOTO Examiner Name PESELEV, Elli Art Unit 1623 Attorney Docket No. VX062735 PCT | |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1300 | | | |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | \$ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|---|-----------------------|----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |
| Total Claims | Extra Claims | Fee (\$) |
| 9 | - 20 or HP = 0 | x \$52 = \$0 |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| 3 | - 3 or HP = 0 | x \$220 = \$0 |
| HP = highest number of independent claims paid for, if greater than 3 | | |
| Multiple Dependent Claims | | Fee (\$) |
| \$0 | | \$0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = 0 | / 50 = | (round up to a whole number) x | | \$0 |

4. OTHER FEE(S)

| | |
|--|-------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other: Request for Continued Examination Fee under 37 CFR 1.114 | \$810 |
| Petition for Two Month Extension of Time Fee under 37 CFR 1.136(a) | \$490 |

SUBMITTED BY

| | | | | | |
|-------------------|---------------------------|-----------------------------------|--------|-----------|-------------------|
| Signature | /R. Eugene Varndell, Jr./ | Registration No. (Attorney/Agent) | 29,728 | Telephone | (703) 707-9110 |
| Name (Print/Type) | R. EUGENE VARNDELL, JR. | | | Date | September 9, 2009 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.